

Episodic Flexiplace Work Description

Complete this form prior to working at an episodic flexiplace AWL.

Name: Jim Vreeland

AWL Phone Number: (650) 520-0532

AWL Planned Work Date(s) and Schedule:

Date From To		Start Time	End Time	Total Work Hours	A/L Hours	S/L Hours
03/24/09	03/24/09	6:30 am	5:00 pm	10.00		5.00

Work Description:

Redacted - Related to Other Matters

Worked on upcoming site visit for Halaco and Greka (hopefully mid to late April)

Employee's Signature: CN=Jim Vreeland/OU=R9/O=USEPA/C=US Date: 03/25/2009

Immediate Supervisor's Signature: CN=Darrin Swartz-Larson/OU=R9/O=USEPA/C=US Date: 03/27/2009

A Self-Certification Time and Attendance Report and an Accomplishment Report must be submitted to the immediate supervisor at the end of the pay period during which work was performed at an AWL.

Audit Trail for Episodic Flexiplace

PDF Name:epiform.pdf

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SUBMITTED on 03/25/2009 at 05:03:21 PM by CN=Jim Vreeland/OU=R9/O=USEPA/C=US

APPROVED on 03/27/2009 at 11:06:39 AM by CN=Darrin Swartz-Larson/OU=R9/O=USEPA/C=US

COMPLETED on 03/30/2009 at 12:37:45 PM by CN=Mercedes Anaya/OU=R9/O=USEPA/C=US